

CLAIMS ONLY							Application Number <i>101019293</i>		Filing Date				
							Applicant(s)						
							* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend							
1							51						
2							52						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	5						Total Indep						
Total Depend	36						Total Depend						
Total Claims	41						Total Claims						